

## PROPOSED RULE MAKING

## CR-102 (June 2012)

(Implements RCW 34.05.320)

Do NOT use for expedited rule making

| Agency: Department of Social and Health Services, Aging and Long-Term Support Administration  |  |                             |  |  |  |
|---|--|-----------------------------|--|--|--|
| <ul> <li>☑ Preproposal Statement of Inquiry was filed as WSR:<u>16-04-069</u></li> <li>☑ Expedited Rule MakingProposed notice was filed as WSR:</li> <li>☑ Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).</li> </ul>  | _; or  | Supplemental Notice to WSR: |  |  |  |
| Title of rule and other identifying information: (Describe Subject)  The department is proposing to amend chapter 388-96 WAC "Nursing Facility Medicaid Payment System" in accordance with Legislative direction.   |  |                             |  |  |  |
| Hearing location(s): Office Building 2 DSHS Headquarters 1115 Washington Olympia, WA 98504  Public parking at 11 <sup>th</sup> and Jefferson. A map is available at: <a href="https://www.dshs.wa.gov/sesa/rules-and-policies-assistance-unit/driving-directions-office-bldg-2">https://www.dshs.wa.gov/sesa/rules-and-policies-assistance-unit/driving-directions-office-bldg-2</a>  | Submit written comments to:  Name: DSHS Rules Coordinator  Address: PO Box 45850 Olympia, WA 98504  e-mail: DSHSRPAURulesCoordinator@dshs.wa.gov  fax: (360) 664-6185 by: 5:00 p.m. June 6, 2017 |                             |  |  |  |
| Date: June 6, 2017 Time: 10:00 a.m.  Date of intended adoption: Not earlier than June 7, 2017 (Note: This is NOT the effective date)  | Assistance for persons with disabilities: Contact: Jeff Kildahl, DSHS Rules Consultant by May 23, 2017 Phone: (360) 664-6092 or TTY: (360) 664-6178 Email: KildaJA@dshs.wa.gov                   |                             |  |  |  |
| Purpose of the proposal and its anticipated effects, including an   | Purpose of the proposal and its anticipated effects, including any changes in existing rules:  |                             |  |  |  |
| The department is proposing to amend chapter 388-96 WAC in order to implement the nursing facility methodology changes from SHB 1274 found in Chapter 2, Laws of 2015, 2015 2nd Special Session, and SHB 2678, Chapter 131, Laws of 2016, 2016 Regular Session.  The department is proposing to repeal WAC 388-96-534, WAC 388-96-540, WAC 388-96-552, WAC 388-96-553, WAC 388-96-554, WAC 388-96-558, WAC 388-96-559, WAC 388-96-561, WAC 388-96-562, WAC 388-96-564, WAC 388-96-565, WAC 388-96-574, WAC 388-96-708, WAC 388-96-709, WAC 388-96-744, WAC 388-96-746, WAC 388-96-747, WAC 388-96-748, WAC 388-96-762, WAC 388-96-767, WAC 388-96-767, WAC 388-96-768, WAC 388-96-783, WAC 388-96-784, and WAC 388-96-786. The department is proposing to amend WAC 388-96-010, WAC 388-96-022, WAC 388-96-107, WAC 388-96-122, WAC 388-96-205, WAC 388-96-208, WAC 388-96-211, WAC 388-96-218, WAC 388-96-502, WAC 388-96-556, WAC 388-96-556, WAC 388-96-560, WAC 388-96-585, WAC 388-96-510, WAC 388-96-578, WAC 388-96-578, WAC 388-96-789, and WAC 388-96-710. The department is proposing to create WAC 388-96-915, WAC 388-96-916, and WAC 388-96-917. |  |                             |  |  |  |
| Reasons supporting proposal: Legislative direction.   |  |                             |  |  |  |
| Statutory authority for adoption: RCW 74.46.800, RCW 74.46.561(1)   | Statute being implemented:<br>SHB 1274, SHB 2678   |                             |  |  |  |
| Is rule necessary because of a:  Federal Law?  Federal Court Decision?  State Court Decision?  If yes, CITATION:  Yes  No  Yes  No  | OFFICE OF THE CODE REVISER STATE OF WASHINGTON   |                             |  |  |  |
| <b>DATE</b> March 31, 2017  | DATE: April 03, 2017   |                             |  |  |  |
| NAME (type or print) Katherine Vasquez  | TIME: 11:35 AM   |                             |  |  |  |
| SIGNATURE N. Varges   | WSR 17-08-070  |                             |  |  |  |
| DSHS Rules Coordinator  |  |                             |  |  |  |

| Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:  |   |  |                                 |  |  |
|---|---|--|---------------------------------|--|--|
| None.   |   |  |                                 |  |  |
|   |   |  |                                 |  |  |
|   |   |  |                                 |  |  |
|   |   |  |                                 |  |  |
| Name of pror  | anont: (norson or organization)                     | Department of Social and Health Services                     |                                 |  |  |
| Name or prop  | onent. (person or organization) t                   | Department of Social and Fleatiff Services                   | ☐ Private☐ Public☐ Governmental |  |  |
| Name of ager  | ncy personnel responsible for:                      |  |                                 |  |  |
|   | Name  | Office Location  | Phone                           |  |  |
| Drafting:   | Elizabeth Pashley                                   | 4450 10 <sup>th</sup> Ave SE Lacey WA 98503                  | (360) 725-2447                  |  |  |
| Implementation  | : Peter Graham                                      | 4450 10 <sup>th</sup> Ave SE Lacey WA 98503                  | (360) 725-2499                  |  |  |
| Enforcement:  | Peter Graham  | 4450 10 <sup>th</sup> Ave SE Lacey WA 98503                  | (360) 725-2499                  |  |  |
| Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012? |   |  |                                 |  |  |
| ☐ Yes. A  | ttach copy of small business econ                   | omic impact statement or school district fiscal impact state | ement.                          |  |  |
| A copy of the statement may be obtained by contacting:  |   |  |                                 |  |  |
| Name:   |   |  |                                 |  |  |
| P   | Address:  |  |                                 |  |  |
|   | Phone:<br>Fax:                                      |  |                                 |  |  |
| e   | e-mail  |  |                                 |  |  |
| ☑ No. Explain why no statement was prepared.  |   |  |                                 |  |  |
| The department has analyzed the proposed rules and determined that they do not impose more than minor costs on affected   |   |  |                                 |  |  |
| small business  | ses or small non-profit organizatio                 | ons.   |                                 |  |  |
|   |   |  |                                 |  |  |
|   |   |  |                                 |  |  |
|   |   |  |                                 |  |  |
| Is a cost-benefit analysis required under RCW 34.05.328?  |   |  |                                 |  |  |
| ☑ Yes A preliminary cost-benefit analysis may be obtained by contacting:  |   |  |                                 |  |  |
|   | Name: Elizabeth Pashley                             |  |                                 |  |  |
|   | Address: PO Box 45600, Lacey, Phone: (360) 725-2447 | WA 98503   |                                 |  |  |
| F   | Fax: (360) 725-2641                                 |  |                                 |  |  |
| (   | e-mail Elizabeth.Pashley@gm                         | ail.com  |                                 |  |  |
| ☐ No: F   | ☐ No: Please explain:                               |  |                                 |  |  |
|   |   |  |                                 |  |  |